



City of Seattle

Department of Planning and Development

Applicant Services Center
700 Fifth Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850
www.seattle.gov/dpd

EARTHQUAKE DAMAGE REPAIR PERMIT APPLICATION

(See Client Assistance Memo #316 for qualified projects)

THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Property Address: _____
Project Description: _____

Building ID # _____ GIS Map # _____ Zoning: _____
Permit P/U ☐ Mail ☐ ECA/ESA ☐ ECA Category # _____ Shoreline ☐ Historical ☐ Greenbelt ☐
1 set Location Plan ☐ Yes ☐ No DPD Value: _____ Alterations: \$ _____
3 sets Plot Plan ☐ Yes ☐ No Addition: \$ _____
2 sets Elevation Plan ☐ Yes ☐ No

PERMIT COST

Construction \$ _____
Demolition \$ _____
Mechanical \$ _____
Investigation \$ _____
Land Use \$ _____
Bldg Surcharge \$ _____

Receipt Number: _____
Project Number: _____
Permit Specialist (initials) _____ Date: _____
Address Established (initials and okay) _____
Establish Address Form Completed on _____ (date)

TOTAL \$ _____

Routing: ☐ OIN ☐ OA ☐ OP ☐ OZ ☐ Z ☐ OO ☐ SI ☐ SH ☐ A ☐ OIS

THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this from): _____

Owner/Lessee _____ Assessor's Parcel Number _____
Contact Person _____ Phone: _____
Mailing Address _____ City _____ Zip _____
Relocation Exempt: ☐ Owner Occupied ☐ No Residential Tenant Displacement

I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: _____ Date: _____
Applicant's Name (PLEASE PRINT) _____
Relationship to Project (CHECK ONE)
☐ Owner ☐ Lessee ☐ Licensed Architect ☐ Licensed Engineer ☐ Owner's Agent ☐ Contractor

Agent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: _____

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name: _____ License #: _____ Exp. Date: _____